

FY 1998 ANNUAL REPORT: TEXAS TITLE XXI PROGRAM

Background

Texas implemented Phase I of its Title XXI children's health insurance program beginning in July 1998. Under the terms of the approved state plan, the state in FY 1998 was enrolling in Medicaid adolescents ages 15 through 19 in families with income up to 100% of the federal poverty level. Services for this population were matched at the enhanced rate provided for under federal statute.

Because the state plan did not receive HCFA approval until June 15, 1998, the program was operational for only the third quarter of the fiscal year. This report is based on the experience during that three-month period.

Progress in Reducing the Number of Uninsured

Based on an analysis of Current Population Survey data, an estimated 152,385 children meeting the age and income criteria in the program were uninsured at some time during calendar year 1998. During the three months covered by this report, 24,890 children were enrolled in the Medicaid program.

This number lagged behind Health and Human Services Commission projections by roughly 29%. This is attributable at least in part to the fact that the very ambitious implementation schedule precluded the lead time necessary to realize the full benefits of the state's outreach efforts.

The state's projections are based on program experience in enrolling expansion and federal mandate children into the Medicaid program in Texas. That experience was adjusted to reflect an anticipated sibling effect – the likelihood that many of the targeted adolescents had younger siblings already enrolled in Medicaid, a reasonable phase-in period, and the impact of outreach.

Those projections are considerably below the estimated number of uninsured children in this category for a variety of reasons, including the state's substantial population of non-citizens some of whom fear any interaction with the Medicaid system because of the perception that that might adversely affect their naturalization. Among U.S. citizens, there exists a residue of distrust dating to Medicaid's linkage to cash assistance. Finally, as the experience of other states has demonstrated, carrying out effective outreach is the most difficult challenge associated with implementation of Title XXI. That statement is true to an even greater extent in the case of the teen population.

While the full effect of outreach efforts is expected to be reflected in a narrowing of the current gap between actual and projected enrollment, the greatest success to date has come from the effort to enroll older siblings of existing Medicaid recipient children. That

effort has effectively combined direct mailings to families with children on Medicaid with the integration of CHIP Phase I outreach into the state's EPSDT utilization outreach effort.

Progress Toward Strategic Objectives and Performance Goals

Strategic Objective 1: All necessary infrastructures for the Texas CHIP Phase I program are in place to accommodate enrollment, outreach, service provision, evaluation and monitoring of process and outcomes.

Performance Goal: By July 1, 1998, the systems for ongoing enrollment, provider recruitment, claims processing, outreach, evaluation and monitoring for Phase I will have been developed by expanding and enhancing current Medicaid activities as necessary.

STATUS: The performance goal was met, with the exception of data reporting systems which will provide data beginning with the second quarterly report for FY 1999.

Strategic Objective 2: Previously uninsured children ages 15 through 18 will have access to quality health care through the Texas CHIP Phase I program.

Performance Goal: As of September 30, 1999, 35% of children 16-18 years who are potentially eligible for Medicaid will be enrolled in the Texas CHIP Phase I program.

STATUS: As of the end of the fourth quarter of FY 1998, the program had enrolled over 16% of the potentially eligible population. That figure had increased to nearly 25% by the end of the first quarter of FY 1999.

Strategic Objective 3: Previously uninsured children ages 15 through 18 enrolled in the Texas CHIP Phase I program have access to quality preventive and comprehensive diagnostic/treatment services by maximizing the use of primary prevention, early detection and management of health care via Texas Health Steps (THS) services.

Performance Goal: During the fiscal year ending September 30, 1999, 15% of all children 15-18 enrolled in the Texas CHIP Phase I program will have had their THS (EPSDT) screens within periodicity.

STATUS: Program data indicate that as of the end of February 1999, 24% of all children ages 15-20 enrolled in the Texas Medicaid program have had their THS (EPSDT) screens within periodicity. A further breakout of CHIP Phase I children is being compiled.

Strategic Objective 4: Health care coverage will be expanded to children up to some level of income above 100% of the federal poverty level (Phase II) subject to the approval of the Governor and the Legislature.

Performance Goal 1: By January 1999, a proposed plan will have been developed to expand health care coverage to children up to some level of income above 100% of the federal poverty level (Phase II) subject to the approval of the Governor and the Legislature.

STATUS: The performance goal was met with the submittal of a proposed Phase II plan to a legislative interim committee late in 1998.

Performance Goal 2: By September 1, 1999, health care coverage will be expanded by making insurance available to uninsured children up to some level of income above 100% of the federal poverty level, subject to the approval of the Governor and the Legislature.

STATUS: The Governor and the Legislature are considering a draft state plan amendment to implement Phase II.

Barriers Impeding Implementation of the State Plan

As noted above, one of the key barriers to enrollment in the Medicaid program is confusion among potential eligibles regarding the public charge issue. The failure of the U.S. Immigration and Naturalization Service to effectively address this concern has resulted in continued fear that Medicaid eligibility will compromise naturalization proceedings. To be effective, a clarification should be issued in writing by INS, in close coordination with the U.S. Department of State and HCFA, and that clarification must be publicized at the community and neighborhood levels using community resources that enjoy the trust of the non-citizen population.

Issues the State Agreed to Monitor

Because Texas CHIP Phase I is an expansion of the Medicaid program, no monitoring was required under the approved state plan.

Identified Need for DHHS Technical Assistance

At this time, DHHS can provide the greatest assistance to the Texas CHIP Phase I program by expediting the clarification of the public charge issue.